



**City of Duluth
Planning and Construction Services**

411 West First Street • Room 210 • Duluth, Minnesota • 55802-1194
218-730-5240 • Fax: 218-730-5901 • www.duluthmn.gov/onestop/

An Equal Opportunity Employer

APPLICATION COVER SHEET

Check One Box

- ☐ Appeal to Planning Commission - **\$350**
- ☐ Concurrent Use of Streets Permit - **\$700**
- ☐ District Plan Adoption or Amendment- **\$1,000**
- ☐ Environmental Review (EAW or EIS)- **\$2,500**
- ☐ Historic
 - ☐ Construction/Demolition - **\$50**
 - ☐ Resource Designation - **\$75**
- ☐ Interim Use Permit **\$650**
- ☐ Planning Review - **\$800**
- ☐ Sidewalk Use Permit - **\$100**
- ☐ Special Use Permit, General - **\$800**
- ☐ Special Use Permit, Wireless Telecommunications
 - ☐ Modifying or Co-locating – **\$2,500**
 - ☐ New Facility or Tower – **\$5,000**
 - ☐ Escrow Deposit - **\$8,500**
- ☐ Subdivision Plat Approval or Amendment:
 - ☐ Concept Plan - **\$250**
 - ☐ Preliminary Plat - **\$1000**
 - ☐ Final Plat - **\$750**
 - ☐ Minor Subdivision/RLS- **\$400**
 - ☐ Plat Amendment or Boundary Line Adjustment - **\$250**
- ☐ UDC Zoning Map (Rezoning) Amendment - **\$800**
- ☐ Vacation of Street or Utility Easement - **\$700**
- ☐ Variance - **\$600**
- ☐ Wetland,
 - ☐ De Minimus, Delineation, or No Loss- **\$150**
 - ☐ Replacement Plan - **\$400**
- ☐ Zoning Verification Letter-**\$85**

CONTACT INFORMATION:

Applicant/Owner _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Owner's Agent (if applicable) _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

APPLICATION INFORMATION:

Street Address and Zoning of Property _____

Parcel ID Number _____

Describe the Reasons for this Request (Attach Additional Pages if Necessary):

The undersigned hereby represents upon all of the penalties of law for the purpose of inducing the City of Duluth to take the action herein requested, that all statements herein and attached are true and that all work herein mentioned will be done in accordance with the Ordinances of the City of Duluth and the laws of the State of Minnesota.

Signature of Applicant _____

Date _____

Reminder: include application checklist (if applicable) and all supporting information. Submit completed information to Room 210, One Stop Shop.

Notice: documents provided to the City may be public data.